

largely on moral suasion, and not on legal authority.

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**Amendment likewise recommends that Civilian Physicians who have Rendered Medical Service "in Industry or in a Civilian Community" may be eligible for Licensure without Examination! This Makes Possible a Break-down of all State Medical Practice Acts!! Why are such Licensure Amendments proposed?**—What has been written above was intended to apply only to Doctors of Medicine in military service.

Even more astounding is the recommendation of the three governmental agencies that "*If an applicant presents evidence satisfactory to the board [a State Board of Medical Examiners] that he . . . has rendered medical service during the period 1940 to 1945 in industry [!] or in a civilian community [!!] . . . the board [a State Board of Examiners] in its discretion may issue him a temporary license*" . . . etc.

If the inclusion of provisions to make physicians in civilian practice (industry or non-industry) *eligible for a license to practice, without examination*, does not mean that the system of medical licensure, as brought into being in the different States of the Union after almost a century of struggle, will be broken down and practically nullified, then what does such phraseology mean?

The more the scope and implications of the proposed amendments are studied, the more incomprehensible do they become!

And equally nonunderstandable is it,—How it came to pass that *unanimous sanction* was given such proposed amendments by the group of prominent medical colleagues, whose past services on behalf of medical practice and the public health were so notable as to have brought to them some of the highest honors of the profession?

In short, the more the item on page 243 of the *Journal of the American Medical Association* for September 23 is read, the more difficult it becomes to tabulate sound reasons on why the actions there noted, were taken.

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**Objective Judgment Needed In So Serious a Recommendation.**—In conclusion, it can be said that, to a considerable number of California physicians it seems, while the proposed licensure amendment may represent a fine spirit of emotional desire to show appreciation to colleagues who have given up civilian practice to serve our Country at the front, the proposals do not rest upon conclusions that have been reached after careful, mature and objective study of existing laws, the reasons that brought them into being, and the effects lower standards of licensure would have on present and future standards of medical practice.

It is granted that California today, as a place of residence, may have special and more lure, for many, including even Doctors of Medicine who are licensed to practice elsewhere, than any other

State in the Union. Also, after the Duration, it is possible that some States may have fewer physicians than at the beginning of World War II. Such States may welcome the proposed amendments.

Nonetheless, the press item of a month ago and quoted above proves that such will not be the experience of California. Properly qualified Doctors of Medicine who pass the existing California licensure laws have been and are welcomed by physicians now practicing in this State. Because the California Medical Association has fought for proper licensure laws and high standards of practice over many years, its members will wish good reasons submitted before going on record in support of lesser standards. Wherefore, for the time being, *the constituted authorities of the California Medical Association do not give approval to the request that California take steps to bring about the enactment of the proposed amendments.*

#### ON VARIOUS TOPICS

U. S. Senate Hearing and C.P.S.;  
Nagging Officiousness;  
Industrial Accident Work Fee;  
Schedule Increased By 15 Per Cent Surcharge;  
Four Symposia on Wartime Medical Topics;  
P. and A. Clearance as a Requirement For Membership in County Medical Societies;  
Announcements of Major Political Parties Concerning Public Health and Medical Service Policies;  
Bubonic Plague in California;  
Anti-Vivisection Activities in Washington, D. C. and Chicago

**U. S. Senate Hearing and C.P.S.**—On September 18-20, in Washington, D. C., the U. S. Senate Committee on Wartime Health and Education held hearings on activities related to the public health. Senator Claude Pepper of Florida, chairman of the Senate Committee, invited Dr. T. Henshaw Kelly, Secretary of the Trustees of California Physicians' Service, to appear before the Senate Committee and give informative and other data concerning California Physicians' Service, the Statewide medical service plan brought into being by the California Medical Association. Because of the importance and implications of the issues under discussion, the attention of members of the California Medical Association is called to Dr. Kelly's report on some phases of the hearings that are related to medical service plans. His report appears in this issue on page 207. The *J.A.M.A.* for September 23, on page 244, in its Washington letter of September 18, also presents comments on the hearings.

Doctor Kelly's report on C.P.S. has special value because it indicates some of the current trends in thought, as expressed by some Congressional representatives of the law-making branch of the Government. Since the subjects under consideration are of great importance to the medical profession of the United States, the report by Dr. Kelly has been given place in the Original Article department of the current issue, in order that other medical society and service groups through-

out the United States may have opportunity to scan the same.

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**Nagging Officiousness.**—In the Letters Department of the current number is printed a copy of a letter dated September 25th, sent by Dr. Harold A. Fletcher, California State Chairman for Physicians' Procurement and Assignment Service to Dr. Paul C. Barton, Executive Officer of the central Procurement and Assignment Service in Washington, D. C. In his letter, Dr. Fletcher directs attention to procedures which would make it necessary for physicians to register, and write additional paper reports.

In these busy days, many physicians are rendering professional courtesies to colleagues, when the doctors called upon, because of more immediate responsibilities, are themselves unable to respond. For the letter referred to, see page 226.

Dr. Fletcher is to be commended not only for his forthright statements, but for the service he has rendered in calling the attention of the Washington authorities to the annoying officiousness of representatives of the Social Security Board. Physicians should take the time to read the letter. Naturally the thought arises,—Are the conditions criticized by Dr. Fletcher a foretaste or sample of what medical men may experience, if compulsory governmental medicine is put in operation?

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**Industrial Accident Work Fee Schedule Increased by 15 Per Cent Surcharge.**—Minutes of the 320th meeting of the C.M.A. Council (CALIFORNIA AND WESTERN MEDICINE, for September, page 153, Item 10) gave information concerning conferences with the California Industrial Accident Commission and other groups. Also, that the California Industrial Accident Commission had officially authorized a 15 per cent surcharge on fees for professional services rendered to patients coming under the jurisdiction of the industrial accident laws of California. The component county societies of the California Medical Association have been so notified. However, one or two commercial carriers seem reluctant to abide by the ruling of the State Industrial Accident Commission. Such instances should be reported to the central office of the California Medical Association.

The following is one of several resolutions adopted by county medical societies:

**RESOLUTION OF SAN JOAQUIN COUNTY MEDICAL SOCIETY**

WHEREAS, The industrial accident rates for medical services have not been increased for the last 24 years; and

WHEREAS, The costs of rendering these services have materially increased during this long period of time; therefore be it

*Resolved*, That the San Joaquin County Medical Society does hereby endorse the 15 per cent surcharge authorized by the Industrial Accident Commission of the State of California, as a partial compensation for these increased costs; and further

*Resolved*, That all members of this Society include

this 15 per cent surcharge on all statements for medical services rendered to industrial accident patients as of August 1, 1944, as authorized by the California Industrial Accident Commission. (See letters on p. 215.)

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**Four Symposia on Wartime Medical Topics.**

—The current issue carries the first of four symposia on wartime medical topics. Reference was made to these, in reports submitted by the Editorial Board to the C.M.A. Council (references: CALIFORNIA AND WESTERN MEDICINE, for June, page 325, Item 13; and CALIFORNIA AND WESTERN MEDICINE, for September, page 153, Item 9). The symposia were gathered under the supervision of special committees: (1) Civilian Defense, Dr. Henry Gibbons, III, San Francisco; (2) Communicable Diseases, Dr. Edward B. Shaw, San Francisco; (3) Nutritional Topics, Dr. Dwight L. Wilbur, San Francisco; (4) Industrial Problems, Dr. Rutherford T. Johnstone, Los Angeles.

The symposia will probably appear in the order indicated. Because of the lesser size of the OFFICIAL JOURNAL, due to governmental directives designed to alleviate paper shortage, the symposia, during the next four months, will use all available space in the department allocated to original articles. Thereafter, papers presented at this year's annual session, and before county societies, will again receive consideration for publication.

Thanks are extended by the Editorial Board to all who participated in the collection and preparation of the articles that will appear in the symposia.

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**P. and A. Clearance, as a Requirement for Membership in County Medical Societies.**

Component County Medical Societies that have taken no action to date, may wish to give consideration to prospective by-laws laying down,—for this wartime period, at least,—a new requirement to apply to applicants for county society membership. The principles and issues involved are worthy of careful thought.

A paragraph from a letter sent out by Dr. Harold A. Fletcher, Physicians' Procurement and Assignment Service chairman for California, gives the following information:

"Over a year ago, in discussing this problem with my San Mateo County Chairman of Procurement and Assignment Service, and the San Mateo County Medical Society, the San Mateo County Medical Society passed a resolution which would debar new applicants from membership in the San Mateo County Medical Society who located in San Mateo County, in areas or locations where their services were not considered by Procurement and Assignment Service as definitely essential.

"This resolution, which was adopted, has had a very helpful effect in getting new physicians wishing to locate in San Mateo County to take definite locations where they were needed, or in causing them to locate in some other county where their services were very much needed.

"It has also had the general all-over effect of assuring physicians from San Mateo County who are on active duty with the military forces, that their practices would